Form CHES RD-2 Rev. 9/2000



Kansas Department of Health and Environment Center for Health and Environmental Statistics Office of Health Care Information Curtis State Office Building, Suite 130 1000 SW Jackson Street Topeka, Kansas 66612-1354 Phone (785) 368-7394 ** Fax (785) 368-7118

Restricted Use Data Request Form

Please complete the following questions for restricted-use data, making corrections to pre-printed information where appropriate (use additional sheets if necessary).

Name

Organization

Name	Organization		
Address			
Phone			
IMPORTANT! Please include your Feder	al Tax ID	OR your Social Security No).:
1. Brief description of the project or study prop			
2. Purpose of the project or study:			
3. What type of data would you like to obtain?	(See next page for complete	te list of available categories.)	
Provide a brief description of the level of de	rtail of data requested.		
4. Has this project or study protocol been approve	ved by an internal review t	ooard? Yes No 1	N/A
5. a. Description of the data security procedures	you or your organization	will follow complete with who has responsible	ility for security of the data
b. Who has access to the data? 6. a. Description of the proposed use and/or rele	ease of the data:		
Format Needed: Hard Copy (paper, mailed or faxed if 5 pag Fixed Width Comma Delimited How would you like your data provided?	Excel Oth	ner (Specify)	Zip" Disk 🔳 Labels
I understand that the data provided by KDHE will r			
person who resides at any address listed; or to sell, given person listed or to any person who resides at any a I understand that violation of the statute prohibiting the attorney general or county or district attorney in a I also understand that breach of the confidentiality.	address listed, KSA 45-220. g the unlawful use of names do sum set by the court not to except	ceed \$500 for each violation, KSA 45-220.	ale of property or service to alty in an action brought by
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Public Domain

Types of Data Requested

Board of Healing Arts Kansas Board of Nursing **MDs** Licensed Practical Nurses (LPN) DOs Registered Nurses (RN) Physician Assistants Licensed Mental Health Technicians (LMHT) Occupational Therapists Advanced Registered Nurse Practitioners (ARNP) Occupational Therapy Assistants Registered Nurse Anesthetists (RNA) Physical Therapists Kansas Board of Pharmacy Physical Therapy Assistants **Pharmacists** Respiratory Therapists Pharmacies Chiropractors Manufacturers **Podiatrists** Non-Prescription Distributors Athletic Trainers Distributors Naturopaths (NDs) Sample Distributors Post-Graduate Physicians Pharmacy Interns Contact Lense Technicians Retail Dealers Radiologic Technologists Ambulances Student Respiratory Therapists Analytical Labs Institutional County Health and Family Planning Centers Kansas Behavioral Sciences Regulatory Board Institutional Drug Room Research and Teaching **Psychologists** Masters (LMLP) Non-Resident Pharmacies Pharmacy Technician Ph D (LP) Social Workers Kansas Dental Board Associates (LASW) **Dentists** Masters (LMSW) **Dental Hygienists** Bachelors (LBSW) Kansas Board of Emergency Medical Services Clinical (LSCSW) EMT - Level One Licensed Professional Counselors (LPC) EMT - Intermediate Licensed Clinical Professional Counselors (LCPC) EMT - Defibrillator Family and Marriage Therapists (LMFT) EMT - Intermediate Defibrillator Clinical Family and Marriage Therapists (LCMFT) EMT - Paramedic (MICT) Clinical Psychotherapists (LCP) EMT - First Responder Alcohol/Drug Abuse Counselors (RAODAC) **Kansas Department of Health and Environment Kansas Board of Optometry** Audiologists **Optometrists** Speech Pathologists Kansas Hospital Discharge Summary Data **Nursing Facility Administrators** Dietitians Other Certified Nurse Aides (CNAs) Certified Medication Aides (CMAs)

NOTE: All requests are subject to limitations on restricted and confidential fields.

Home Health Aides